



Missouri Pharmacy Program – Preferred Drug List



Calcium Channel Blockers (DHP)

Effective 08/18/2005

Revised 07/05/2007

Preferred Agents

- Nicardipine HCl
- Nifedipine IR
- Dynacirc CR
- Nifedipine SA
- Felodipine ER
- Norvasc
- Sular
- Isradipine
- Afeditab CR
- Nifedipine ER
- Nifediac CC
- Nifedical XL
- Caduet

Non-Preferred Agents

- Procardia
- Adalat CC
- Cardene SR
- Procardia XL
- Plendil

Approval Criteria

Failure to achieve desired therapeutic outcomes with documented trial period for 4 or more preferred agents.
Documented ADE/ADR to preferred agents.
Documented compliance on current therapy regimen.

Denial Criteria

Lack of adequate trial on required preferred agents.
Therapy will be denied if no approval criteria are met.
Drug Prior Authorization Hotline: (800) 392-8030.